THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1952

State File No. 33036

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9040**

1. PLACE OF DEATH
a. COUNTY: St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Louis, Mo.

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler

c. CITY (If outside corporate limits, write RURAL and give township): Poplar Bluff 0120

d. STREET ADDRESS: R.F.D #1

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Dee
c. (Last): Hitchcock

4. DATE OF DEATH (Month) (Day) (Year): 9 29 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3.5 1880
9. AGE (In years last birthday): 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pensr. Roadmaster
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and State or Foreign Country): Clinton, Ky.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Jim Hitchcock
13b. MOTHER'S MAIDEN NAME: Sally Cottham
14. NAME OF HUSBAND OR WIFE: Mrs. Sallie Hitchcock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO. (If yes, give war or dates of service): Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Sally Hitchcock, Poplar Bluff, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 1 year

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR? 2040

22. I hereby certify that I attended the deceased from **August 1** 19 **52**, to **Sept 29**, 19 **52**, that I last saw the deceased alive on **Sept 28**, 19 **52**, and that death occurred at **2.30 A** m., from the causes and on the date stated above.

23a. SIGNATURE: [signature]
(Degree or title): M.D.
23b. ADDRESS: Mo Pulop.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-20-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG.: SEP 29 1952
REGISTRAR'S SIGNATURE: J. Paul Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by........................

...., Student Embalmer No. ....,

working under my personal supervision.

Student ....
Student Embalmer

Signed *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.